



TRANSMITTAL FORM

Application Serial Number 10/537,455
Filing Date October 31, 2005
First Named Inventor Zetter
Group Art Unit 1634
Examiner Name To be assigned
Attorney Docket No. CMC-009
Patent No.
Issue Date

ENCLOSURES (check all that apply)

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Check Attached
<input type="checkbox"/> Copy of Fee Transmittal Form | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application
<input type="checkbox"/> Formal Drawing(s) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input type="checkbox"/> Appeal Brief (in triplicate) |
| <input type="checkbox"/> Amendment/Response
<input type="checkbox"/> Preliminary
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Letter to Official Draftsperson
including Drawings
[Total Sheets _____] | <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal
<input checked="" type="checkbox"/> Power of Attorney (Revocation of Prior Powers) and Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Status Inquiry
<input checked="" type="checkbox"/> Return Receipt Postcard
<input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 |
| <input type="checkbox"/> Petition for Extension of Time | <input type="checkbox"/> Copy of Executed Declaration and Power of Attorney for Utility or Design Patent Application | <input type="checkbox"/> Additional Enclosure(s) (please identify below) |
| <input type="checkbox"/> Supplemental Information Disclosure Statement
<input type="checkbox"/> Form PTO-1449
<input type="checkbox"/> Copy of IDS reference | <input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> CD(s) for large table or computer program | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Amendment After Allowance | |
| <input type="checkbox"/> Sequence Listing submission
<input type="checkbox"/> Paper Copy/CD
<input type="checkbox"/> Computer Readable Copy
<input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Request for Certificate of Correction
<input type="checkbox"/> Certificate of Correction (in duplicate) | |

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
Goodwin Procter LLP
Exchange Place
Boston, MA 02109
Tel. No.: (617) 570-1000
Fax No.: (617) 523-1231
Customer No. 051414

SIGNATURE BLOCK

Date: January 18, 2007
Reg. No. 56,124
Tel. No.: (617) 570-8710
Fax No.: (617) 523-1231

Respectfully submitted,

Michelle Ming Deng
Attorney for Applicants
Goodwin Procter LLP
Exchange Place
Boston, MA 02109



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/537,455
	Filing Date	October 31, 2005
	First Named Inventor	Zetter
	Art Unit	1634
	Examiner Name	To be assigned
	Attorney Docket Number	CMC-009

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

OR

☐ Firm or
Individual Name

Address

City

Country

State

Zip

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Brenda Manning

Name

Brenda Manning, Children's Hospital Boston

Date

January 9, 2007

Telephone

67-355-7050

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of _____ forms are submitted.



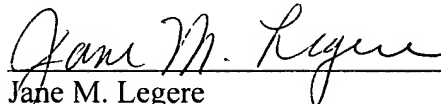
PATENT
Attorney Docket No. CMC-009

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Zetter, et al. CONFIRMATION NO. 6593
SERIAL NO.: 10/537,455 GROUP NO.: 1634
FILING DATE: October 31, 2005 EXAMINER: To be assigned
TITLE: Methods for Diagnosis and Prognosis of Cancer

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 18th day of January, 2007.


Jane M. Legere

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith is/are:

1. Transmittal Form (1 page);
2. Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (1 page); and
3. Return Receipt Postcard (1 page)